



DI004556

DRIVER IMPROVEMENT CERTIFICATE OF COMPLETIONCourse Completion Date: 6-12-2011 Course Fee \$ \$150**Course Intent**

- ☐ REINSTATEMENT ☐ INSURANCE REDUCTION (O.C.G.A. §33-9-42)
☐ OTHER ☒ POINTS REDUCTION (O.C.G.A. §40-5-86)

Student Information

Sample	Georgia		
First Name	Middle Name (if applicable)	Last Name	Suffix (Sr., Jr., III)
12-12-1957	#####1234	015482354	
Date of Birth	Social Security #	Driver's License # (if applicable)	

Signatures

Student	Date
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Under penalty of law, I, the undersigned Instructor, do hereby solemnly swear that the above-referenced Student successfully completed all statutory requirements of course completion. I understand that it is a crime to knowingly alter, falsify, or fraudulently use this Certificate of Completion in any manner.

Georgia Peachy	6763680	12-07-2015
Instructor	Instructor Certification #	Date
DDS Test School	2153	404-555-5521
Program Name	Program Certification #	Phone #
555 Mapleston ST	Ga	30038
Program Address	City	State
		Zip code

IMPORTANT CUSTOMER INFORMATION: You must present the Original Certificate of Completion in order to reinstate your Georgia driver's license or driving privilege. **The Department cannot accept facsimiles or photocopies of this certificate. However, a Replacement Certificate may be obtained from the school you attended for a fee not to exceed \$20.** Completion of a DUI Alcohol or Drug Use Risk Reduction course, in and of itself, will not reinstate your Georgia driver's license or driving privilege. You may be required to pay a reinstatement fee. In addition, if your Georgia driver's license or driving privilege is suspended because of multiple or repeated violations, you may be required to pay additional reinstatement fees. You may contact the DDS Customer Contact Center at 678-413-8400 if you have any questions about the amount of your reinstatement fee. You may reinstate a suspension in person or by mail. To reinstate by mail, please mail the Original certificate of completion and appropriate reinstatement fee(s) to the Georgia Department of Driver Services, P.O. Box 80447, Conyers, Georgia 30013.

Please visit the DDS website at www.dds.ga.gov for additional information and the locations and operating hours of Customer Service Centers throughout the State of Georgia.

To verify the authenticity of the information contained in this certificate, please contact the DDS Regulatory Compliance Division at 678.413.8745 or reginfo@dds.ga.gov.

Note: Record Updated



RRP000879

DUI, ALCOHOL, OR DRUG USE RISK REDUCTION CERTIFICATE OF COMPLETIONDate of Assessment: 3-10-2011Date of Class Completion: 4-29-2011**Student Information**

Ima		Georgia	
First Name	Middle Name (if applicable)	Last Name	Suffix (Sr., Jr., III)
9-12-1980	#####1234	999912354	
Date of Birth	Social Security #	Driver's License # (if applicable)	

Signatures

Student	Date
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Under penalty of law, I, the undersigned Instructor, do hereby solemnly swear that the above-referenced Student successfully completed all statutory requirements of course completion. I understand that it is a crime to knowingly alter, falsify, or fraudulently use this Certificate of Completion in any manner.

George Peachy	6763680	12-07-2015
Instructor	Instructor Certification #	Date
DDS Test School	2154	404-555-5521
Program Name	Program Certification #	Phone #
555 Mapleston ST	Ga	30038
Program Address	City	State
		Zip code

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